

Chiropractic care resolves severe lower back pain in a 30yr female (post horse fall) with a positive effect on pregnancy.

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Abstract: A 29 year old female presented following a fall from a horse with overbearing low back pain under medical management. Medications including oxycodone, pregabalin, doxylamine and Kunzea oil. Her first pregnancy had been a most painful experience to the extent she wanted no more children. Assessment and management included the methods of Gonstead and adjustments of her spine and pelvis led to a complete resolution of pain with only 9 visits. The patient then opted for a second pregnancy.

Indexing Terms: Chiropractic, low back pain, pregnancy, horse fall, subluxation, disc bulge, discitis, Gonstead, Mirena.

About this case

This case is presented as a 'pre-case-report' in the chiropractor's clinical language. The express purpose is to document an interesting case from the day-to-day perspective of a practitioner in a suburban practice in Australia, thus adding to the overall body of evidence for chiropractic. The two elements are the report itself as written by the chiropractor, and 'what we know' compiled by the editorial team.

The methodology is qualitative colloquial narrative with the intent to describe a patient and their care in everyday chiropractic language. As such this paper is primary evidence of chiropractic practice which will be indexed and retrievable to guide future case reports prepared by others in the formal 'CARE' style, and to inform the development of research protocols.

Chiropractic care resolves severe lower back pain in 30yo female (post horse fall) with a positive effect on pregnancy

Context

The female patient was aged 30 years at the time of this report. She had a bad horse fall 6 years earlier, landing on her buttocks. She was diagnosed with a lumbar disc herniation, multiple lumbar bulging discs and 'desiccation' of lumbar discs. She

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had not been able to horse-ride due to the pain. She managed her pain with oxycodone, pregabalin, doxylamine and Kunzea oil. (1)

A severe flare-up of back and pelvic pain led her to seek Chiropractic care. A terrible earlier pregnancy, due to her back pain, convinced her not to have another child, even though the birth was fine. However, with specific Chiropractic adjustments to her sacroiliac joints, among others, her back pains were completely resolved and she could not only return to horse riding but she successfully managed a virtually pain-free second pregnancy.

History

The female patient was 29 years at first treatment and was a long-term horse-rider and farmer, complete with a history of heavy lifting, fencing work and horse falls. Approximately 6 years earlier she had a fall from a horse landing on her buttocks. She classified it as her 'worst' fall. She had a long period of pelvic and back pain after this and which prevented her from horse-riding.

She had gastric sleeve surgery (allowing her to reduce her 120kg frame to 75kg) in the past, an appendectomy and she also gave birth naturally to her first child approximately 6 months before her first Chiropractic treatment. She struggled terribly with lower back pains during her first pregnancy and was determined not to have another child because of it; her husband had even suggested she go on disability because of her recurrent and intense lower back pains. She also had a history of a 7cm L) ovarian cyst, as well as endometriosis and possible PCOS. She had a Mirena inserted only 1 month prior to her first Chiropractic treatment.

A severe flare-up of her lower back pain led her to have a 2-day stay at her local hospital and also to seek Chiropractic care 2-3 weeks later. At hospital she was heavily medicated with oxycodone, pregabalin and doxylamine. She also found natural Kunzea oil to be helpful.

Pain pattern

Her pain on presentation was described as aching down the front of the legs as well as pelvic pain that moved from the right lateral to anterior pelvic region (groin pain). She rated it at the time (whilst heavily medicated) as a 5/10 on a visual analog scale (VAS). It is quite possible that the flare-up of her back and pelvic pain could have been entirely due to the Mirena insertion (2) but one must also consider her history of recurring and debilitating lower back pain.

Examination

Using Gonstead Methods, subluxations were initially found in the left Sacroiliac joint (S3 L BP) and T10 (PRS). Her pelvis was found to have rotated L PIEX/R ASIN. The patient had very reduced L) lateral flexion, extension and flexion in the thoracic and lumbo-pelvic regions, with flexion causing pain in her lower back. All this was unexpected with her obvious lumbar scoliosis (concave right), reduced lumbar curve and current pain levels. However, all muscle tests in her lower limb were found to be satisfactory.

X-ray Imaging

Images are appended

The patient's MRI report from July 2019 mentioned an L3-4 left sided disc herniation, an L4-5 small central disc bulge, an L5-S1 right-central disc bulge along with 'desiccation' of the L3-4-5-S1 discs, decreased heights of the L3-4-5 discs but surprisingly: no nerve root compression was noted.

X-ray imaging revealed '*narrowing of the L3-4 and L4-5 disc spaces*', a '*mild scoliosis of the lumbar spine concave to the right*' and '*no pelvic fracture*'. Chiropractic study of her X-rays further demonstrated a twisted pelvis (L PIEX/R ASIN) with R-sided sacro-iliac arthritis, minor right hip dysplasia, an old discitis at the L4-5 level and asymmetry of the sacro-iliac joints.

Subluxation listings were given as S3 L BP, R ASIN, T10 PLS.

The reader may note that there is a fair amount of damage in the patient's low back for her relatively young age. The old discitis was probably a large cause for her historical low back pain.

Treatment

Chiropractic adjustments in the Gonstead Methods appropriately modified for her age, somato-type, and disposition, were typically given at segments S3 as L BP, T10 as PRS-T, T6 as PL-T and C7 as PR-La. However, these changed over time. Initially, the sacrum needed adjusting, but a combination adjustment with L PIEX and S3 L BP was also required. Drop-piece was utilised for this combination using two adjusting hands for preferred practitioner positioning. It worked very well with the patient saying she '*slept like a log*' post-adjustment. After this, there was minimal '*locking up*' in her lower back, and a R ASIN drop-piece adjustment could be undertaken.

Her scoliotic and degenerated lumbar vertebrae did not indicate a need to be adjusted. Her cervicals also did not require an adjustment until the eighth treatment. Over the course of 18 months of care, only 14 treatments were required, but four of them occurred in the first week of care due to the acute nature of the case. The majority of her treatments required either right or left sacro-iliac adjustments, but once the left sacro-iliac joint was stabilised, she settled into a R) ASIN primary: with her reduced lumbar curve, it's where I would expect to find the primary subluxation.

Due to her improvement, the patient stopped taking some of her pain relief medication after only two Chiropractic treatments, stopped taking all her prescribed pain relief medications after three treatments and ceased the therapeutic Kunzea oil after five treatments. She got back into horse riding soon after this and found she could manage it without causing her any pain – and helpfully, she did not fall off again!

Outcomes

With such a history of lower back and pelvic pains alongside severe lumbar disc degeneration for her age, the patient and I were amazed at the turnaround. Chiropractic care allowed her to discard the drugs and get right back into life. Not only that, the patient changed her mindset from refusal to have another child to wanting another.

With complete pain resolution, and after only nine Chiropractic treatments in seven months, the patient and her husband decided to have a second child. Interestingly, there was also spontaneous device expulsion of her Mirena approximately seven months after insertion, even though this usually happens in the first few months. (2). Two months later, she was pregnant by choice – and this was also with a history of an ovarian cyst, endometriosis, possible PCOS and potential side-effects from Mirena insertion. It should also be noted that 12% of women end up with ovarian cysts when they have a Mirena, (2) so perhaps this was not the most appropriate form of birth control to begin with for this particular patient.

Unlike the first pregnancy, though, the second pregnancy was uneventful and pain-free, resulting in a good birth. She was pain-free before her second pregnancy began, and only had four Chiropractic treatments through her second pregnancy; she was feeling really good. At the last treatment, post second child, she was even considering a third child.

Many might observe this case as a Chiropractic miracle, but this paper has been written to let practitioners know that this sort of response can occur when you follow the basic Gonstead protocol of '*Find the subluxation. Accept it where you find it. Correct it. Leave it alone*'. (3) Gonstead Methods worked exceptionally well for this patient and she and her family are exceedingly happy with the results.

What we know

Low back pain (LBP) is a very common ailment that has a lifetime prevalence of 60% to 70% in industrialised countries⁴ so most people are going to be affected by LBP at one point or another in their life. There are many options for dealing with LBP, some more effective than others. A study by Manga et al (1993; 5) determined that spinal manipulation applied by chiropractors is shown to be more effective than alternative treatments for LBP. This pre-case report would certainly agree with the Manga study.

The indexing term '*low back pain*' returned a whopping 1591 articles (05 April 2021) in the *Index to Chiropractic Literature* whilst a much narrower indexing term of '*low back pain horse*' returned only one article by Lewis & Baldwin (2018; 6) This report showed that competitive international event riders suffered a lot of pain whilst competing, all female riders suffered pain and that 96% of riders reporting pain used medications to alleviate their symptoms. It would seem that horse riders at elite levels suffer a lot of pain; although not all suffered LBP, perhaps they would have done well to read the Manga Report above! The patient in this pre-case report was not competing at international levels but she had no pain returning to horse riding with the aid of Chiropractic care and did not use pain medication whilst riding again.

The indexing term '*low back pain pregnancy*' returned 56 articles. One of these articles by Weis et al (2020; 7) suggests that Chiropractic care for pregnant women with LBP has moderate to favorable evidence. Another study, a case report, by Gregory & Rowell (2011; 8) shows complete resolution of postpartum pelvic girdle pain/LBP with Chiropractic care. A different study by Stuber & Smith (2008; 9) shows chiropractic care is associated with improved outcomes in pregnancy-related LBP. However, all these LBP pregnancy studies say better evidence is needed.

When the indexing term '*low back pain discitis*' was searched, only one study arose by Ursprung et al. (2005; 10) This older gentleman patient had acute LBP and had an MRI and subsequent surgery for his complicated L2-3 osteomyelitis, discitis and associated abscesses. Perhaps if the female patient in this pre-case study had undergone an MRI in a timely fashion post horse fall six years ago, further injury may have been apparent and might have been able to be dealt with sooner. Instead, she was given mediocre medications and suffered a lot of pain whilst X-rays taken years later showed an old discitis at L4-5 and the MRI showed a central L4-5 disc bulge, disc desiccation and reduction in disc height.

Because no successful intervention was undertaken years earlier during her initial acute phase, the patient suffered years of LBP and acquired much degeneration in her low back. It is possible that low back surgery may have been offered if a low back MRI and X-rays had been done earlier. However, with the aid of Chiropractic care, albeit five years later, the patient's LBP completely resolved and she is back riding horses and bearing children. A silver lining, perhaps, because low back spinal surgery does not always lead to the best outcomes, (11, 12)

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About the chiropractor

Dr Stephenson is a December 2005 graduate of Macquarie University, commencing practice in early 2006. This is a busy practice in a country town near Australia's capital city, Canberra.

This report is published with the informed consent of the patient. No identifying information is given.

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Images







